

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34028

State File No. ....

Registrar's No. ....

LED NOV 5 1943

Registration District No. 10

Primary Registration District No. 3002

## 1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1114 E. Railroad  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5-5 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME PEARL AUGUSTUS MINOR.3. (b) If veteran,  
name war. ....3. (c) Social Security  
No. 491-05-4263

4. Sex Male 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edna Mae Minor  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased 28 / 1888  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 8 hr. min.

9. Birthplace Mexico (City, town, or county) Mo (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name Augustus Minor  
 13. Birthplace Calloway Co. (City, town, or county) (State or foreign country)  
 14. Maiden name Edna McKamey  
 15. Birthplace Calloway Co. (City, town, or county) (State or foreign country)

16. (a) Informant Edna Minor  
 (b) Address 1114 E. Railroad  
 17. (a) Reburied (Burial, cremation, or removal) (b) Date thereof 10 10 1943  
 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico  
 18. (a) Signature of funeral director M. D. Vanison  
 (b) Address 101 N. 1st St.  
 19. (a) 10/8/43 (Date received local registrar) (b) Margaret K. Mackie (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Mexico (If outside city or town limits, write "RURAL.")  
 (d) Street No. 1114 E. Railroad (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. ....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 6th, year 1943, hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 26, 1942, to October 6, 1943, that I last saw him alive on October 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Essential hypertension

Due to

Other conditions Had stroke 9 months ago  
 (Include pregnancy within 3 months of death)

Major findings: No operation  
 Of operations No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature M. D. Vanison (M. D. or other) Mo  
 Address Mexico Date signed 10-7-43

1074

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 11-43-1730

Date Filed NOV 3 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

J. J. Alexander

Licensed Embalmer No.

4243

P. O. Address

Mexico me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.